

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

JAN 8 1944

Registration District No. 784

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 101

43778

State File No.

Registrar's No. 2429

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Clayton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Louis County Hospital
(If not in hospital or institution, write street number of location)
(d) Length of stay: In hospital or institution 2 days
(Specify whether
In this community 3 years
years, months or days)

3. (a) PRINT FULL NAME

Brack, Virgil

3. (b) If veteran,
name war unknown

3. (c) Social Security
No. unknown

4. Sex male 5. Color or race colored 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Annie Scott Brack 6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased Oct. 3 1885
(Month) (Day) (Year)

8. AGE: Years 55 Months 2 Days 18 If less than one day
hr. min.

9. Birthplace West Point Miss.
(City, town, or county) (State or foreign country)

10. Usual occupation nil.

11. Industry or business

12. Name Charles Brack

13. Birthplace Unknown S. Car.
(City, town, or county) (State or foreign country)

14. Maiden name Maria Harris

15. Birthplace Unknown Miss.
(City, town, or county) (State or foreign country)

16. (a) Informant Annie Brack

(b) Address 6145 Minerva

17. (a) Burial (b) Date thereof 12-24-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director Charles Harris

(b) Address 4107 Finney Ave.

19. (a) DEC 24 1940 (b) W. H. Meyer
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis
(c) City or town Wellston
(If outside city or town limits, write "RURAL")
(d) Street No. 6145 Minerva
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 21
year 1940 hour 9 minutes 00 A. M.

21. I hereby certify that I attended the deceased from 12-19-40
to 12-21-40
that I last saw him alive on 12-21-40
and that death occurred on the date and hour stated above.

Immediate cause of death Ischemic heart disease
Cerebral apoplexy Duration 2 days

Due to Ischemic heart disease ?

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (c) Means of injury

23. Signature Lucas (M. D. or other) !
Address 9747 Date signed

(Licensed Embalmers' Statement on Reverse Side)

WRITE PLAINLY--USE UNFADING BLACK INK--MAKE A PERMANENT RECORD

MOTHER FATHER

APR 22 1913

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by

working under my personal supervision.

James A. Johnson, Registered Apprentice No.

Signed

Licensed Embalmer No.

P. O. Address

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.